



Receipt

Attorney Docket No.: 64,149-097

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sullivan et al.

Serial Number: 09/879,517

Filed: June 12, 2001

Group Art Unit: 3761

Examiner: To Be Assigned

Title: MEDICAMENT RESPIRATORY DELIVERY DEVICE,
CARTRIDGE AND METHOD OF MAKING SAME

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SECOND REQUEST FOR CORRECTED FILING RECEIPT

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Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

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Sir:

With respect to the above-identified patent application, applicant respectfully requests a corrected filing receipt.

In the section entitled APPLICANT(S), please change "Anjana S. Wills, Cary, NC" to
-Anjana Bhuta Wills, Cary, NC--

Favorable consideration is respectfully requested.

Respectfully submitted,

Gregory D. DeGrazia
Attorney for Applicants
Registration No. P48,944
(248) 645-1483

Dated: September 14, 2001

Howard & Howard Attorneys, P.C.
39400 Woodward Ave., Ste. 101
Bloomfield Hills, MI 48304-5151



Attorney Docket No.: 64,149-097

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to **Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Assistant Commissioner for Patents, Washington, D.C. 20231** on **September 14, 2001**.

Brenda J. Hughes
Brenda J. Hughes

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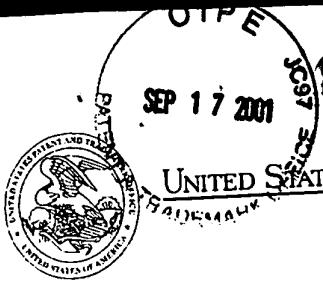
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/879,517	06/12/2001	3761	2158	64,149-097	5	71	8

CONFIRMATION NO. 4080
 UPDATED FILING RECEIPT



OC00000006531440

HOWARD & HOWARD ATTORNEYS, P.C.
 The Pinehurst Office Center
 39400 Woodward Avenue, Suite 101
 Bloomfield Hills, MI 48304-5151

TC
 Date Mailed: 09/07/2001
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 CE

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Vincent J. Sullivan, Cary, NC;
 Anjana S. Wills, Cary, NC; Anjana Bhuta Wills, Cary, NC
 Lawrence A. Monahan, Willow Spring, NC;
 Michael W. Trull, Apex, NC;
 Christopher J. Knors, Raleigh, NC;

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Assignment For Published Patent Application

Becton Dickinson and Company;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/758,776 01/12/2001

Foreign Applications

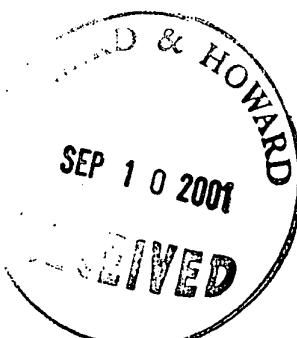
If Required, Foreign Filing License Granted 08/10/2001

Projected Publication Date: 07/18/2002

Non-Publication Request: No

Early Publication Request: No

Title



Medicament respiratory delivery device, cartridge and method of making same

Preliminary Class

128

Data entry by : GIZAW, ASTER

Team : OIPE

Date: 09/07/2001





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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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CONFIRMATION NO. 4080

Bib Data Sheet

SERIAL NUMBER 09/879,517	FILING DATE 06/12/2001 RULE	CLASS 128	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 64,149-097
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APPLICANTS

Vincent J. Sullivan, Cary, NC;
 Anjana Bhuta Wills, Cary, NC;
 Lawrence A. Monahan, Willow Spring, NC;
 Michael W. Trull, Apex, NC;
 Christopher J. Knors, Raleigh, NC;

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/758,776 01/12/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/10/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 5	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

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 39400 Woodward Avenue, Suite 101
 Bloomfield Hills, MI 48304-5151

TITLE

Medicament respiratory delivery device, cartridge and method of making same

FILING FEE RECEIVED 2158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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